

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO. **091679043**
APPLICANT(S)

FILING DATE

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
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49							99						
50							100						
TO INI	↓	↓	↓	↓	↓	↓	TOTAL IND.	↓	↓	↓	↓	↓	↓
TO DE	28	↓	↓	↓	↓	↓	TOTAL DEP.	↓	↓	↓	↓	↓	↓
TO CL	29	↓	↓	↓	↓	↓	TOTAL CLAIMS	↓	↓	↓	↓	↓	↓